

MAIL PAYMENT TO: P.O. BOX 5487 CINTL, OH 45201-5487. MAIL REFUND REQUEST TO: P.O.BOX 5488 CINTL, OH 45201-5488. ALL OTHERS TO: P.O. BOX 5486 CINTL, OH 45201-5486.

| | | |
|---|---------------|----------------|
| ACCT # | BUSINESS NAME | |
| | | |
| | | FED ID # |
| | | |
| COMPLETE THE BLOCKS TO THE RIGHT IF THIS SPACE IS BLANK OR THE PREPRINTED INFORMATION IS INCORRECT. | ADDRESS | |
| | | |
| | CITY | STATE ZIP CODE |
| CORPORATION () PARTNERSHIP () OTHER () | | |

AMOUNT TO BE REFUNDED..

PLEASE PAPER CLIP ALL ATTACHMENTS TO DOCUMENTS TO STAPLE

DATE _____



CITY OF CINCINNATI 2000 BUSINESS INCOME TAX RETURN INSTRUCTIONS

Please complete this form with blue or black ink only.

Office Phone: (513) 352-3838 Toll Free General Information: (877) 767-1661

Website: www.rcc.org/citytax

805 Central Avenue, Suite 600, Cincinnati, OH 45202-5799

Mail payments to: P.O. Box 5487, Cincinnati, OH 45201-5487

Mail refund requests to: P.O. Box 5488, Cincinnati, OH 45201-5488

Mail all others to: P.O. Box 5486, Cincinnati, OH 45201-5486

Return must be filed by everyone required to submit a Declaration of Estimated Tax, even though Declaration was accurate and paid in full.

This form is to be used by corporations, partnerships, multi-member LLCs, estates, trusts, etc.

- **Sole proprietorships must file on the Individual Income Tax Return.**

We are using electronic data imaging equipment to enter your tax return on our computer system. Printing clearly will ensure that the equipment will correctly read your information.

DO NOT STAPLE any checks, schedules, or other documents to your tax return. This will assist the Cincinnati Income Tax Bureau with electronic data imaging. We will be able to process your return more efficiently when staples are not used.

PREPARING THE RETURN: *Enter all negative figures by enclosing in parentheses.*

Example: (

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
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| | |
|---|---|
| 7 | 8 |
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HEADING:

- (1) If filing an **AMENDED** return, mark with an 'X'.
- (2) If return is **CONSOLIDATED**, mark this box with an 'X'.
- (3) If a tax return is not needed for the following year, mark **FINAL RETURN** with an 'X'. Indicate the date business activity ceased in Cincinnati.
- (4) For first time filers or filers reestablishing activity in Cincinnati, indicate the **DATE TAXABLE ACTIVITY BEGAN IN CINCINNATI**.
- (5) **IF RETURN IS PREPRINTED WITH YOUR INFORMATION, PLEASE USE BOXES ONLY TO MAKE CORRECTIONS. IF YOUR RETURN IS NOT PREPRINTED, FILL IN THE BOXES WITH YOUR BUSINESS NAME, ADDRESS AND FEDERAL IDENTIFICATION NUMBER.**
- (6) Indicate the **BUSINESS ENTITY**.
- (7) If filing for other than a calendar year, indicate **FISCAL YEAR** beginning and end.

LINE 1: Enter the profit or (loss) per Federal Return, Form 1120, 1120S, 1065 etc. *(Attach a complete copy of your Federal Return.)*

ITEMS NOT DEDUCTIBLE (LINE 2 THROUGH LINE 6)

LINE 2: Enter the amount of capital loss that is reported on your Federal Schedule D.

LINE 3: Enter expenses incurred in the production of non-taxable income. If a taxpayer reports income that is non-taxable under the Cincinnati Municipal Code (CMC) Chapter 311, and such amounts are deducted in order to reconcile with the Federal Return, expenses attributable to such non-taxable income shall not be allowed as a deduction from the remaining taxable income and the amount of such expenses should, therefore, be entered on Line 3. *The minimum expenses attributable to such non-taxable income shall be the greater of either (1) all interest expenses up to an amount equal to the amount of non-taxable income, but limited to 50% of interest expenses, or (2) 5% of the non-taxable income. (Note: Non-taxable income given capital gain treatment on the Federal Return, from which attributable expenses were already deducted, is not subject to the foregoing.)*

LINE 4: Enter any local or state income taxes that were deducted in arriving at the income amount on Line 1.

LINE 5: Enter any payments made to partners that were deducted in arriving at the income amount on Line 1.

LINE 6: Enter any other income that is not deductible. (Provide full explanation).

- Effective 6/20/98, compensation arising from the exercise of Stock Options became non-taxable and not subject to withholding. Any expense related to the exercise of Stock Options must be added back.
- FSC/DISC Income is not taxable to the City of Cincinnati and the expenses are not deductible.

LINE 7: Add Lines 2 through 6 and enter total.

ITEMS NOT TAXABLE (LINE 8 THROUGH LINE 11)

LINE 8: Enter the amount of capital gain that is reported on your Federal Schedule D.

LINE 9: Enter the amount of interest income that was subject to the intangible laws of the State of Ohio or was specifically exempt from municipal taxation under said law when said law was in effect.

LINE 10: Enter the amount of dividend income that was subject to the intangible laws of the State of Ohio or was specifically exempt from municipal taxation under said law when said law was in effect.

LINE 11: If Line 1 of the return includes other income exempt from city tax by the CMC or Ohio State law, enter it on this line and provide an explanation.

- If the Federal Targeted Jobs Credit adjustment understates your salary and wage expense reported for Cincinnati purposes, an adjustment restoring the amount of reduction must be made in order to properly reflect total salaries and wages paid. *Attach a copy of Federal Form 5884 when filing your Cincinnati Tax Return.*

LINE 12: Add Lines 8 through 11 and enter total.

LINE 13: Enter adjusted net profit or (loss). (Line 1 plus Line 7 minus Line 12)

LINE 14: Chapter 311 of the CMC sets out a formula (Schedule Y of the Cincinnati Tax Return) for determining the percentage of income attributable to the city by partnerships, corporations, associations, etc., conducting business activities partly in and partly out of the city. If Schedule Y is completed, carry the average percentage (from Step 5) to the bracketed section of Line 14. Multiply this percentage times Line 13 and enter allocated portion of net profit (loss) on Line 14.

LINE 15: Operating losses may be carried forward for a maximum period of five tax years. Taxpayers doing business both in and out of the city, who are entitled to allocate profits via Schedule Y, must also allocate losses accordingly. Failure to so allocate an operating loss nullifies the carry-forward privilege. *An explanatory schedule is **required** to support the carry-forward operating losses claimed on the return.*

LINE 16: Enter on this line the results of preceding computations (Line 14 less Line 15).

LINE 17: Compute the tax at 2.1% (.021) of the amount shown on Line 16.

LINE 18: Enter the total amounts of payments made and/or credits allowable (from prior year overpayments) to your estimated tax for this year.

LINE 19: If Line 17 is greater than Line 18, enter amount of tax due here. Make check or money order payable to the City of Cincinnati. Payment must accompany the return when filed. **Amounts of less than \$5.00 are not due.**

LINE 20: If Line 18 is greater than Line 17, enter the difference here. Enter the amount of overpayment that you wish to be credited to your next year's estimated tax and/or the amount of overpayment that you wish to be refunded to you. **Overpayments of less than \$5.00 will not be refunded.** If no indication is made on your return, your overpayment will automatically be credited to next year's estimated taxes.

SIGNATURE: *Sign and date your return. It is not legally filed until signed by the taxpayer or agent legally authorized to sign returns for taxpayer.* If someone other than the taxpayer prepares the return, such person must sign, date and show their address.

EXTENSIONS may not be granted for the filing of a Declaration but may be granted for filing of the annual return for a period of time not less than the federal extension requested and not more than six (6) months. The taxpayer may make the request by filing a copy of the taxpayer's request for a federal filing extension. The request must be postmarked by the due date of the return for which the extension is being requested. The extension request shall be granted unless it is filed late or the taxpayer owes delinquent tax, penalty or interest or has failed to file required returns, reports or documents for prior tax periods. Interest at the rate prescribed by law shall apply to any unpaid tax during the period of extension. Should you need a copy of the approved extension, send a duplicate copy and a postpaid self-addressed envelope.

RETURNS MUST BE FILED ON OR BEFORE APRIL 30, 2001, OR WITHIN FOUR MONTHS OF FISCAL YEAR END